

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

13160

**1. PLACE OF DEATH**

59 County Licking Registration District No. 508  
 1 Township \_\_\_\_\_ Primary Registration District No. 3026  
 7 City Phillipette (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 58

**2. FULL NAME Rosa D Wilson**

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. Independence Mo  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Arthur Wilson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 16, 1876

| 7. AGE | YEARS     | MONTHS   | DAYS     | IF LESS than 1 day, or, min. |
|--------|-----------|----------|----------|------------------------------|
|        | <u>56</u> | <u>4</u> | <u>9</u> |                              |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

13. NAME Elias Franklin Clark

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.

15. MAIDEN NAME Margaret Jackson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) Mr. Frank E. Clark, Phillipette Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Phillipette Mo. DATE Apr 26, 1932

19. UNDERTAKER (ADDRESS) R. M. Marshall, Phillipette Mo.

20. FILED 4/25, 1932 A. Barney Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 24<sup>th</sup>, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 13, 1932, to April 24, 1932  
 I last saw him alive on April 23, 1932. Death is said to have occurred on the date stated above, at 6:30 P.M.

The principal cause of death and related causes of importance were as follows:

Bronchial pneumonia 107A  
 Date of onset \_\_\_\_\_

Other contributory causes of importance:  
11/10/11

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? autopsy Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No.  
 If so, specify \_\_\_\_\_ (Signed) H. S. Dewell, M. D.  
 (Address) Phillipette Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAY 25 1932

55-3-8

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**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Livingston  
Township W. 11  
City Chillicothe (No. ....)

Registration District No. 378  
Primary Registration District No. 326

File No. ....  
Registered No. 38 St. .... Ward)

**2. FULL NAME**

(a) Residence, No. Posa D. Wilson St. .... Ward. ....

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

|  |                              |   |
|--|------------------------------|---|
| 3. SEX<br><u>F</u>   | 4. COLOR OR RACE<br><u>W</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>M</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF |                              |   |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 16 - 1876</u> |                              |   |
| 7. AGE   | YEARS                        | MONTHS  |
| <u>X</u>   | <u>52</u>                    | <u>3</u>  |
|  |                              | DAYS  |
|  |                              | <u>18</u>   |
|  |                              | If LESS than 1 day, ..... hrs. or ..... min.                          |

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 24 . 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., to ....., 19....

I last saw h..... alive on....., 19.... Death is said to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.....

10. Date deceased last worked at this occupation (month and year).....

11. Total time (years) spent in this occupation.....

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY).....

13. NAME.....

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY).....

15. MAIDEN NAME.....

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY).....

17. INFORMANT (ADDRESS).....

18. BURIAL, CREMATION, OR REMOVAL  PLACE..... DATE..... 19....

19. UNDERTAKER (ADDRESS).....

20. FILED June 4 1932 P. Barney Registrar.

28. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.~ -

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed)....., M. D.

(Address).....

**SUPPLEMENTARY**

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

5-13/60